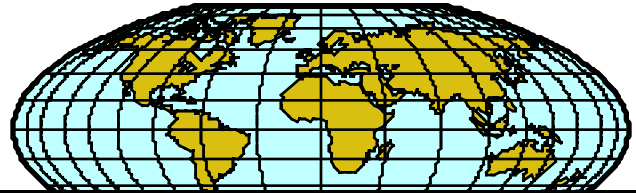


## 1 Applicant and Sponsor

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# NIDA INVEST

## INTERNATIONAL PROGRAM OF THE NATIONAL INSTITUTE ON DRUG ABUSE

TYPE OR COMPUTER-GENERATE IN ENGLISH ONLY USING BLACK INK

### PART I — APPLICANT'S SECTION

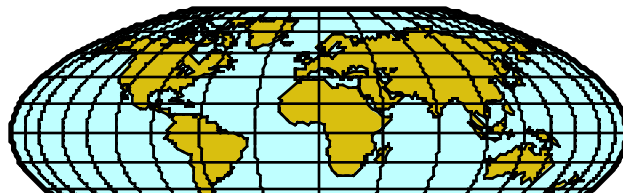
1. Name of Applicant (family name, given name, middle initial)	2. Doctoral Degree	3. Social Security Number (if available)
4a. Name of Home Institution	5. Permanent Mailing Address (street address, city, country, postal code)	
4b. Department, Service, Laboratory, or Equivalent		
6. Office Phone (country code, city code, number, extension)	7. Home Phone (country code, city code, number)	8. Fax Number (country code, city code, number)
9. E-mail Address	10. Present Address, Phone, and E-mail, If Different from Permanent Information	
11. Previous NIH Awards		
12. Delinquent U.S. Federal Debt  <input type="checkbox"/> NO <input type="checkbox"/> YES If "YES," attach explanation.	13. Debarment and Suspension  <input type="checkbox"/> NO <input type="checkbox"/> YES If "YES," attach explanation	14. Drug-Free Workplace  <input type="checkbox"/> NO <input type="checkbox"/> YES If "NO," attach explanation
15. Date	16. Signature (indicates acceptance of certification below)	

### PART II — SPONSOR'S SECTION

17. Name of U.S. Sponsor	18. Name of U.S. Institution
19. Date	20. Sponsor's Signature Agreement (indicates acceptance of applicant's research plan and certification below)

**Application Certification and Acceptance:**

I certify that my statements herein are true, accurate, and complete to the best of my knowledge, and I agree to comply with the U.S. Public Health Service terms and conditions if an award is issued as a result of this application. I certify that the award will not support residency training. Willful provision of false information is a criminal offense (U.S. Code, Title 18, Section 1001). I am aware that any false, fictitious, or fraudulent statement may, in addition to other remedies available to the U.S. Government, subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR 79).



# NIDA INVEST

**INTERNATIONAL PROGRAM OF  
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1. Name of Applicant (family name, given name, middle initial)

## 2. Home Institution

3. Name of U.S. Sponsor (family name, given name, middle initial)

4. U.S. Institution

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1. Sex:

Male ☐Female ☐

2. Place of Birth

(city or town and country)

3. Country of Present Residence

4. Date of Birth  
(MM/DD/YY)

5. Education: Please list all post-secondary institutions you attended, beginning with the most recent

Name and Location of Institution

Major Field(s) of Study

Dates Attended  
(month and year)

Actual Name of Diploma or Degree  
(do not translate)

Date Received

## 6. Applicant's Non-Degree Training:

### Activity

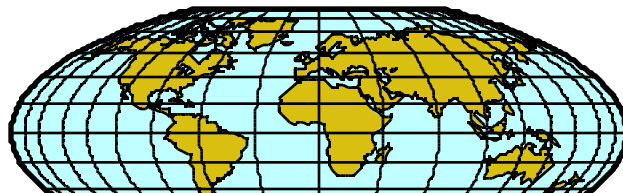
Field

Institution

Beginning Date

Ending Date

7. Title(s) of Theses/Dissertations



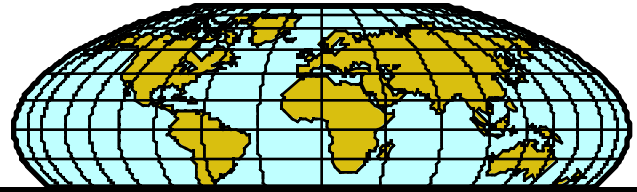
# NIDA INVEST

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1. Name of Applicant (family name, given name, middle initial)		2. Home Institution	
3. Name of U.S. Sponsor (family name, given name, middle initial)		4. U.S. Institution	
<b>APPLICANT'S PERSONAL HISTORY, CONTINUED</b>			
8. Employment			
Name and Address of Current Employer		Job Title	
Please describe your current job responsibilities.		Dates of Employment	
		From	To
Previous Employers			
9. Name your most significant publications, honors, awards, projects, or other accomplishments. Please attach a list of your peer-reviewed publications.			
10. Other Research and Professional Experience			

#### 4 Applicant

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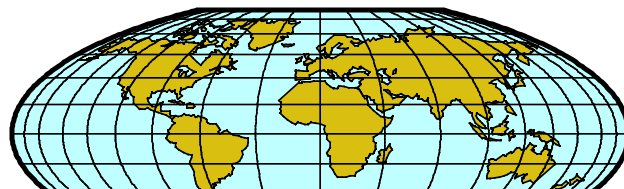
1. Name of Applicant (family name, given name, middle initial)	2. Home Institution
3. Name of U.S. Sponsor (family name, given name, middle initial)	4. U.S. Institution

### Fellowship Goals

Please provide a 50-word summary of your goals for the Fellowship. (Your complete Fellowship and career plan should be described on page 5.)

### Research Proposal Abstract

Limit to 250 words.



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## Respective Contributions

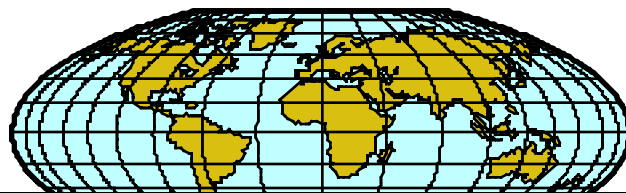
Describe the collaborative process between you and the sponsor in the development, review, and editing of the research proposal.

## Selection of Sponsor and Institution

1. Explain why you selected the sponsor and institution to accomplish your research goals.

2. How do the U.S. institution and sponsor offer special opportunities for research that are not currently available in your home country? Key factors in the selection should be described. If applicable, address your level of proficiency in reading, speaking, and comprehending English.

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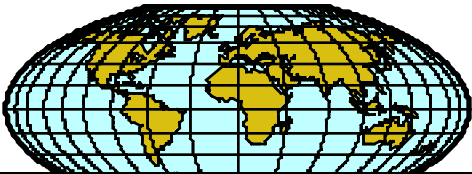
1. Name of Applicant (family name, given name, middle initial)	2. Home Institution
3. Name of U.S. Sponsor (family name, given name, middle initial)	4. U.S. Institution

## Applicant's Research Plan

This section may not exceed 10 pages in addition to this face page.

Please describe the proposed research plan, including:

1. Specific Aims
2. Background and Significance
3. Experimental Design and Method
4. Human Subjects/Vertebrate Animals
5. Literature Citations



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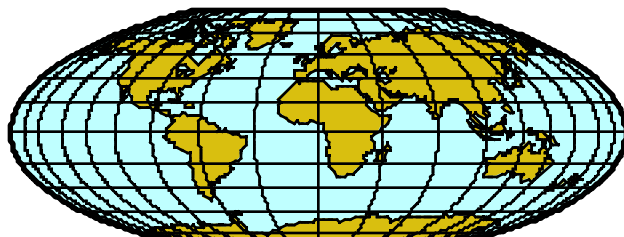
VISA INFORMATION

TYPE OR COMPUTER-GENERATE IN ENGLISH ONLY USING BLACK INK

NAME (family name, given name, middle initial)	DATE OF BIRTH (MM/DD/YY)	PLACE OF BIRTH (city and country)	NATIONALITY	SEX	PASSPORT NUMBER	ISSUING COUNTRY	DATE PASSPORT EXPIRES
Applicant							
Spouse							
Children							

## 8 Applicant

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To ensure that all documents supporting the NIDA INVEST Research Fellowship application are properly completed and included with your application, please check the appropriate items listed below and return this checklist with your application. Only complete applications can be reviewed by NIDA.

### PART I—Applicant's Portion

- ☐ Page 1 with Items 1-16 completed (including signature). Send ORIGINAL to U.S. sponsor for his/her signature agreement.
- ☐ Pages 2-8
- ☐ Statement of Assurance of Future Position
- ☐ Certification of doctoral degree(s)
- ☐ TOEFL Score
- ☐ List of peer-reviewed publications
- ☐ Appendix (optional—not to exceed three publications)

### PART III—References

- ☐ References have been requested from:

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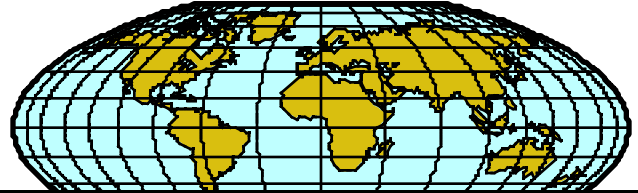
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## 9 Sponsor

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# NIDA INVEST

## INTERNATIONAL PROGRAM OF THE NATIONAL INSTITUTE ON DRUG ABUSE

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### SPONSOR'S PERSONAL HISTORY

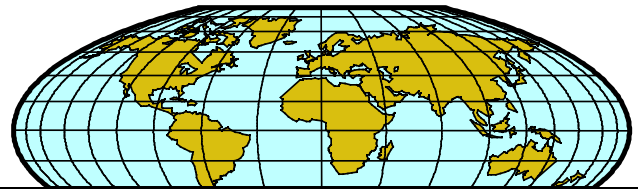
1. Date of Birth (MM/DD/YY)	2. Social Security Number
3. Degrees	4. Name of U.S. Institution
5. Position	6. Department, Service, Laboratory, or Equivalent
7. Office Mailing Address (street, city, state, ZIP)	8. Office Phone (area code, city code, number, extension)
	9. Fax Number (area code, city code, number)
10. E-mail Address	11. Home Phone (area code, city code, number)

12. Delinquent U.S. Federal Debt <input type="checkbox"/> NO <input type="checkbox"/> YES If "YES," attach explanation.	13. Debarment and Suspension <input type="checkbox"/> NO <input type="checkbox"/> YES If "YES," attach explanation.	14. Drug-Free Workplace <input type="checkbox"/> NO <input type="checkbox"/> YES If "NO," attach explanation.
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15. EDUCATION (*Begin with baccalaureate or other initial professional education, such as nursing, and include your postdoctoral training.*)

INSTITUTE AND LOCATION	DEGREE	YEAR CONFERRED	FIELD OF STUDY

16. RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, please attach a chronological list of your previous employment, experience, and honors. Include present membership on a Federal Government public advisory committee. Specify the total number of publications and list, in chronological order, the titles and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. **DO NOT EXCEED 2 PAGES.**



# NIDA INVEST

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### SPONSOR'S RESEARCH AND TRAINING SUPPORT

Use additional pages if necessary

FOLLOW INSTRUCTIONS CAREFULLY. Incomplete, inaccurate, or ambiguous information about OTHER SUPPORT could lead to significant delays in the review and/or possible funding of the application. If there are changes in the information after submission, notify NIDA.

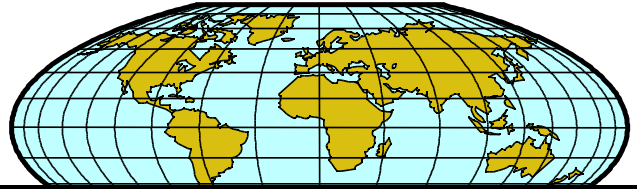
Other support is defined as all funds or resources, whether Federal, non-Federal, or institutional, available to the sponsor in direct support of research endeavors through research or training grants, cooperative agreements, contracts, fellowships, gifts, prizes, and other means.

Reporting requirements are: describe (1) all currently *active* support and (2) all applications and proposals *pending* review or award, whether related to this application or not. If the support is part of a larger project, identify the principal investigator/program director and provide the data for the relevant subproject(s). If an individual has no active or pending support, check "None." Use continuation pages as needed to provide the required information in the *format* as shown below. Identify the research support funds that will be available to the applicant during the Fellowship.

Sponsor's Name		<input type="checkbox"/> Active	<input type="checkbox"/> Pending	<input type="checkbox"/> None
a. Source and identifying no.		P.I.		
Title				
b. Sponsor's role on project		% Effort		
c. Dates and costs of entire project		d. Dates and costs of current year		
e. Specific aims of project				
Identify the research support the sponsor will make available to applicant during the Fellowship.				
PREVIOUS FELLOWS/TRAINEES				
Give the total number of pre- and postdoctoral fellows the sponsor has trained and list the employing organizations and position titles for a representative five.				

## 11 Sponsor

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### U.S. Sponsor's Statement

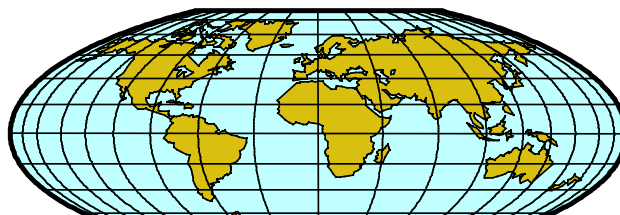
This section may not exceed 10 pages in addition to this face page.

Please describe the following:

1. Describe the research plan for the applicant. Include such items as seminars and opportunities for interaction with other groups and scientists. Describe the research environment and available research facilities and equipment. Include information that will help reviewers evaluate the applicant and the proposed research. Indicate the relationship of the proposed research to the applicant's career. Describe the skills and techniques that the applicant will learn and relate these to the applicant's career goals.
2. How many fellows/trainees will be supervised during the fellowship? Indicate whether they are pre- or postdoctoral students.
3. Describe the applicant's qualifications and potential for a research career.
4. If human subjects, vertebrate animals or hazardous materials will be used, provide a detailed description of the materials and methods/procedures to be used.

## 12 Sponsor

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**SPONSORING INSTITUTION CERTIFICATIONS AND ASSURANCES**

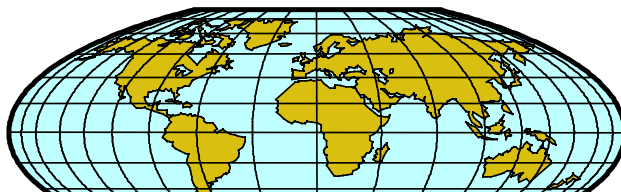
1. Entity Identification No. (12 digit number)			
2a. Human Subjects <input type="checkbox"/> No <input type="checkbox"/> Yes	2b. If "Yes," Exemption No. OR IRB Approval Date		2c. Assurance of Compliance No.
3a. Vertebrate Animals <input type="checkbox"/> No <input type="checkbox"/> Yes	3b. If "Yes," IACUC Approval Date	3c. Animal Welfare Assurance No.	4. Debarment and Suspension <input type="checkbox"/> No <input type="checkbox"/> Yes
5. Civil Rights—Form HHS 690 <input type="checkbox"/> Filed <input type="checkbox"/> Not Filed	6. Handicapped Individuals—Form HHS 690 <input type="checkbox"/> Filed <input type="checkbox"/> Not Filed	7. Sex Discrimination—Form HHS 690 <input type="checkbox"/> Filed <input type="checkbox"/> Not Filed	
8. Misconduct in Science—PHS Form 6349 <input type="checkbox"/> Filed <i>if filed, date of last assurance:</i> _____ <input type="checkbox"/> Not Filed		9. Age Discrimination—Form HHS 690 <input type="checkbox"/> Filed <input type="checkbox"/> Not Filed	

Funds paid to a sponsoring institution under a NIDA INVEST fellowship award are considered Federal financial assistance to that organization. Accordingly, the individual signing the award application as the "Official Signing for Sponsoring Institution" (below), is making the certifications on behalf of the sponsoring institution and its principals. These certifications are in addition to the sponsor's certification statement printed on page 1. If the sponsoring institution is unable to make the required certifications, its authorized representative should sign the application in the usual manner and attach an explanation to this page. The explanation, if any, will be considered in connection with NIDA's determination to make the award.

**CERTIFICATION:** We, the undersigned, certify that (a) the information herein, including involvement of Human Research Subjects, Recombinant DNA Research, and Vertebrate Animals, is true and complete to the best of our knowledge; (b) if this application results in an award for a research fellowship, appropriate training, adequate facilities, and supervision will be provided, and (c) we will comply with the Public Health Service terms and conditions of award. A willfully false certification is a criminal offense (U.S. Code Title 18, Section 1001). We are aware that any false, fictitious, or fraudulent statement may, in addition to other remedies available to the Government, subject us to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR Part 79).

SIGNATURE	TYPED NAME	OFFICE TELEPHONE (area code, number, extension)	DATE
Sponsor			
Department Head			
Official Signing for Sponsoring Institution			

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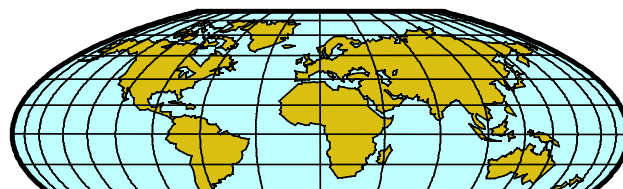
To ensure that all documents supporting the INVEST Research Fellowship application are properly completed and included with your part of this application, please check the appropriate items listed below and return this checklist with your part of the application. Only complete applications can be reviewed by NIDA.

## PART II—U.S. Sponsor's Portion

- ☐ Page 1 with items 17-20 completed
- ☐ Pages 9-13
- ☐ 2-page Curriculum Vitae of Sponsor (see page 8 for details)

## Reference Report

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**INSTRUCTIONS:** The above applicant selected you as a reference to his/her request for an INVEST Research Fellowship award. The competitive NIDA INVEST Research Fellowships provide training in drug abuse research. Your assessment of the applicant's potential for a research career is requested. NIDA reviewers will use these references in assessing applicants. Please use an additional page to describe **in English** your association with the applicant. Comment on the following items, including other areas as appropriate, identifying the strengths and weaknesses that should be considered in evaluating the applicant's potential for a research career. Attach this form and mail by April 1 directly to:

NIDA/INVEST, c/o IQ Solutions, Inc. 11300 Rockville Pike, Suite 801, Rockville, Maryland 20852 USA.

Applicants may have access to personal information contained in their records, including this reference report. Otherwise, access to this report will be limited to concerned NIDA staff and reviewers.

Rate the applicant on each item as compared with other individuals of similar training and experience with whom you have been associated. Use the following numerical scores. Every block should be marked; insert "X" if insufficient knowledge to rate and "NA" if not applicable.

<p><b>1 – Outstanding</b> - Comparable to the best individual a current class or research laboratory (upper 5%)</p> <p><b>2 – Excellent</b> - Much above average (upper 6% to 20%)</p> <p><b>3 – Very Good</b> - Above average (upper 21% to 40%)</p> <p><b>4 – Good</b> - Average (middle 41% to 60%)</p> <p><b>5 – Fair</b> - Below average (lower 40%)</p> <p><input type="checkbox"/> Research ability and potential</p> <p><input type="checkbox"/> Written and verbal communications</p> <p><input type="checkbox"/> Perseverance in pursuing goals</p>	<div style="display: flex; flex-direction: column; gap: 10px;"> <div><input type="checkbox"/> Self-reliance and independence</div> <div><input type="checkbox"/> Clinical proficiency, if relevant</div> <div><input type="checkbox"/> Laboratory skills and techniques, if relevant</div> <div><input type="checkbox"/> Originality</div> <div><input type="checkbox"/> Accuracy</div> <div><input type="checkbox"/> Scientific background</div> <div><input type="checkbox"/> Familiarity with research literature</div> <div><input type="checkbox"/> Ability to organize scientific data</div> </div>
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Dates associated with applicant	Capacity at that time ( <i>Teacher, advisor, supervisor; or other</i> )
---------------------------------	---

Respondent ( <i>Name, title, department, institution, and country</i> )
---

E-mail	Signature	Date
--------	-----------	------